



EMBASSY  
SUITES®

Charleston Convention Center  
5055 International Boulevard  
N. Charleston, SC 29418

## RESERVATION FORM FOR: CPARS - SPAWAR

May 11-15, 2003

**Room Rate: \*\*\$106.00 Single/Double/Triple/Quad Occupancy**

**\*\*Room Rate includes Full Buffet Breakfast each morning  
and (2) hour cocktail reception each evening in the hotel atrium**

**\*\*Please note, (300) complimentary parking places are offered on a first come, first serve basis for overnight guests in the Embassy Suites parking lot. Additional parking is offered at \$4.00 per parking space.**

Reservations may be made in the following ways:

\*Via Telephone by calling toll free 1-800-EMBASSY or 1-800-362-2779 or by calling the hotel directly at 1-843-747-1882.

\*Via mail by completing the form below and mailing to the above address.

\*Via Facsimile by sending to 1-843-747-1895.

\*Visit [www.embassysuites.com](http://www.embassysuites.com) and use the group booking code CPA

Under "special accounts" section of the reservation type the three letter code- CPA in the "group code" field

Reservations must be received by Friday April 11, 2002 to receive the discounted conference rate. Should requested accommodations not be available, the nearest available rate and accommodations will be assigned. Cancellation must be received 48 hours prior to arrival. Check in time is 3:00pm/Check out is 12noon. Room tax is currently 12%.

Please reserve accommodations for:

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Occupants \_\_\_\_\_ Sharing Room With \_\_\_\_\_

A guarantee of one night's deposit or credit card is required for your reservation. For deposits, please enclose a check or money order payable to the Embassy Suites Hotel. Please complete the following information:

☐ One night's lodging and tax is enclosed Total enclosed \$ \_\_\_\_\_

Credit Cards Accepted:

\_\_ Visa \_\_ Mastercard \_\_ American Express \_\_ Diners Club \_\_ Discover

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name Embossed on Card \_\_\_\_\_ Signature \_\_\_\_\_

Type of Accommodations Requested:

- ☐ King
- ☐ Double
- ☐ Non Smoking
- ☐ Smoking

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

Estimated Arrival Time \_\_\_\_\_

Do you wish to receive written confirmation?

- ☐ Yes
- ☐ No

Method of Arrival \_\_\_\_\_